

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 10
 FOR SE OF FORM 24/48

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) The 2016 Committee | | FEC IDENTIFICATION NUMBER ▼ C C00569905 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee CAMPAIGN FUNDING DIRECT, INC. | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2015 | |
| Mailing Address 1420 SPRING HILL ROAD SUITE 490 | | | Amount 18008.93 | |
| City MC LEAN | State VA | Zip Code 22102-3028 | Transaction ID : SE24.347 | |
| Purpose of Expenditure AGENCY FEES - CONSULTING | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2015 | |
| Name of Federal Candidate DR. BEN CARSON | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought 918352.17 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee COLORTREE GROUP, INC. | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2015 | |
| Mailing Address 8000 VILLA PARK DRIVE | | | Amount 6660.23 | |
| City RICHMOND | State VA | Zip Code 23228-6500 | Transaction ID : SE24.200 | |
| Purpose of Expenditure DIRECT MAIL - PRINTING | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2015 | |
| Name of Federal Candidate DR. BEN CARSON | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought 925012.40 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 24669.16 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
 12 / 28 / 2015

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SE

Transaction ID : SE24.347

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$353.12 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.200

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$130.59 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 3 OF 10
 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) The 2016 Committee | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00569905 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|--|-------------|---|--|--|--|
| Full Name of Payee ECG DATA CENTER | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 22 / 2015</div> </div> | | |
| Mailing Address 1420 SPRING HILL ROAD SUITE 490 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6857.85</div> | | |
| City MCLEAN | State VA | Zip Code 22102-3028 | Transaction ID : SE24.102 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 22 / 2015</div> </div> | | |
| Purpose of Expenditure DIRECT MAIL - LIST MAINTENANCE | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | | |
| Name of Federal Candidate DR. BEN CARSON | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">931870.25</div> | | | | | |

| | | | | | |
|--|-------------|---|--|--|--|
| Full Name of Payee INTERNATIONAL DATA MANAGEMENT, INC. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 22 / 2015</div> </div> | | |
| Mailing Address 490 WHITE POND DRIVE | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1246.56</div> | | |
| City AKRON | State OH | Zip Code 44320-1122 | Transaction ID : SE24.255 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 22 / 2015</div> </div> | | |
| Purpose of Expenditure DIRECT MAIL - POSTAGE | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | | |
| Name of Federal Candidate DR. BEN CARSON | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">933116.81</div> | | | | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8104.41</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

 MM / DD / YYYY
 12 / 28 / 2015

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SE
Transaction ID : SE24.102

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$134.47 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.255

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$24.44 has been allocated equally to each of the remaining schedule primary elections.

| | |
|--|---|
| NAME OF COMMITTEE (In Full) The 2016 Committee | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00569905 </div> |
|--|---|

Check if ☐ 24-hour report
 ☒ 48-hour report
 ☒ New report
 ☐ Amends report filed on

M M

/

D D

/

Y Y Y Y

| | | | |
|--|-------------|--|---|
| Full Name of Payee OMEGA LIST COMPANY | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2015 | |
| Mailing Address 1420 SPRING HILL SUITE 490 | | Amount 13109.19 | |
| City MCLEAN | State VA | Zip Code 22102-3028 | Transaction ID : SE24.269 Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2015 |
| Purpose of Expenditure LIST RENTAL EXPENSE | | Category/ Type 004 | |
| Name of Federal Candidate DR. BEN CARSON | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____ |
| Calendar Year-To-Date Per Election for Office Sought 946226.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► | |

| | | | |
|---|--------------------|---|---|
| Full Name of Payee RST MARKETING | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>06 / 22 / 2015</div> </div> | |
| Mailing Address 1272 CORPORATE PARK ROAD | | Amount <div> <div>Amount</div> <div>5500.00</div> </div> | |
| City FOREST | State VA | Zip Code 24551-2277 | Transaction ID : SE24.234 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>06 / 22 / 2015</div> </div> |
| Purpose of Expenditure DIRECT MAIL - POSTAGE | | Category/ Type <div>004</div> | |
| Name of Federal Candidate DR. BEN CARSON | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | <div> <div>Amount</div> <div>951726.00</div> </div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 18609.19 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

MM / DD / YYYY

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`H9A-N5HCB
.

Form/Schedule: SE
Transaction ID : SE24.269

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$257.04 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.234

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$107.84 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 10
FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) The 2016 Committee | | FEC IDENTIFICATION NUMBER ▼ C C00569905 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|--|----------------------------------|
| Full Name of Payee SISK FULFILLMENT SERVICES | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2015 | |
| Mailing Address 1900 INDUSTRIAL PARK ROAD | | Amount 1155.07 | |
| City FEDERALSBURG | State MD | Zip Code 21632-2667 | Transaction ID : SE24.427 |
| Purpose of Expenditure DIRECT MAIL - POSTAGE | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2015 | |
| Name of Federal Candidate DR. BEN CARSON | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought 952881.07 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|---|-----------------------------|--|---------------------------------|
| Full Name of Payee WESTLAND PRINTERS | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2015 | |
| Mailing Address 14880 SWEITZER LANE | | Amount 16100.00 | |
| City LAUREL | State MD | Zip Code 20707-2913 | Transaction ID : SE24.24 |
| Purpose of Expenditure DIRECT MAIL - POSTAGE | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2015 | |
| Name of Federal Candidate DR. BEN CARSON | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought 968981.07 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|--|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 17255.07 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
12 / 28 / 2015

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SE
Transaction ID : SE24.427

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$22.65 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.24

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$315.69 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 9 OF 10
FOR SE OF FORM 24/48

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) The 2016 Committee | | FEC IDENTIFICATION NUMBER ▼ C C00569905 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|-----------------------------|---|
| Full Name of Payee ADZIG | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2015 |
| Mailing Address 104B HOMESTEAD DRIVE | | Amount 690.00 |
| City FOREST | State VA | Zip Code 24551-4884 |
| Purpose of Expenditure FULLFILLMENT ITEMS - BUTTONS | Category/Type 004 | Transaction ID : SE24.423 Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2015 |
| Name of Federal Candidate DR. BEN CARSON | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought 969671.07 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | |
|---|-----------------------------|---|
| Full Name of Payee BIEBER COMMUNICATIONS | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2015 |
| Mailing Address 3609 W. MACARTHUR BLVD #812 | | Amount 25001.60 |
| City SANTA ANA | State CA | Zip Code 92704-6850 |
| Purpose of Expenditure FULLFILLMENT ITEMS - SUPPORTER CARDS | Category/Type 004 | Transaction ID : SE24.180 Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2015 |
| Name of Federal Candidate DR. BEN CARSON | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought 994672.67 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 25691.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
12 / 28 / 2015

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SE
Transaction ID : SE24.423

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$13.53 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.180

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$39.25 has been allocated equally to each of the remaining schedule primary elections.